

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER</b>				DUE DATE: <b>5/4/20</b>	
<i>Please Read Instructions:</i>					
1. NAME <b>ANGEL CASTRO AUSA OFFICE</b>		2. PHONE NUMBER <b>(956) 618-8010</b>		3. DATE <b>4-3-20</b>	
4. DELIVERY ADDRESS OR EMAIL		5. CITY <b>McAllen</b>		6. STATE	7. ZIP CODE
8. CASE NUMBER <b>7:20CR 240-01</b>		9. JUDGE <b>PETER ORMSBY</b>		DATES OF PROCEEDINGS	
12. CASE NAME <b>DANIEL SEPULVEDA</b>		10. FROM		11. TO	
		13. CITY <b>McAllen</b>		14. STATE <b>TX</b>	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>HEARING</b>	
<input type="checkbox"/> BAIL HEARING				<b>2-13-20</b>	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
<b>ORDINARY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE				PROCESSED BY <b>RICK RODRIGUEZ</b>	
19. DATE				PHONE NUMBER <b>(956) 618-8498</b>	
TRANSCRIPT TO BE PREPARED BY <b>J.T.T</b>				COURT ADDRESS <b>1701 W. Bus Hwy 83, Suite 1011 McAllen, TX 78501</b>	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

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UNITED STATES ATTORNEY'S OFFICE SOUTHERN DISTRICT OF TEXAS  
ADVICE OF OBLIGATION - FY20

(SUBMIT A SEPARATE REQUEST FOR EACH PAYEE AND CASE)

ADVICE NUMBER DATE VENDOR NAME: JUDICIAL TRANSCRIBERS  
MCA-L 25 4/3/2020 STREET ADDRESS: 935 ELDRIDGE RD #144

AUSA VENDOR TAX ID (TIN) CITY STATE ZIP CODE  
PROFIT, P 45-5045171 SUGAR LAND TX 77478-

*Angel Castro*  
(PLEASE SIGN AND DATE)

PREPARER CASE NAME  
ALCANTAR, A US V. DANIEL SEPULVEDA, ET AL.

USAO NUMBER SECTION/LOCATION DISCLOSURE NUMBER SERVICE START DATE  
2020R01838 MCALLEN 4/3/2020

PROGRAM CODES OCDETF - OCD EXPECTED DELIVERY DATE 4/3/2020

TYPE OF SERVICE - SOC NUMBER ESTIMATE AMT FUNDING/ACCT CLASS  
TRANSCRIPTS (CT) ☒ REG/ ☐ EXP/ ☐ DAI/ ☐ HR-2510 \$660.00 0E4079 - DIR - 015202020200322000

OTHER INFO

PLEASE CIRCLE ONE: DIVISION CHIEF or AUSA-IN-CHARGE

*ANGEL CASTRO*  
(PLEASE PRINT NAME)

*Angel Castro* 4/3/2020  
(PLEASE SIGN AND DATE)

\*PRIOR APPROVAL REQUIRED BY EXECUTIVE AUSA FOR EXPEDITED, DAILY, HOURLY TRANSCRIPTS AND FOR ANY EXPENSES OVER \$1,000.00 JUSTIFICATION MUST BE PROVIDED

JUSTIFICATION

Approving Official  
(PLEASE SIGN AND DATE)

## FOR FINANCE USE ONLY

DCN TYPE OF AOB AMOUNT APPROVED ACCOUNT CLASS PROJECT CODE  
LITIGATION \$0.00

FUNDS CERTIFIED AVAILABLE POINT OF CONTACT NOTES

OBLIGATION STATUS AMOUNT PAID DATE PAID VOUCHER  
\$0.00